SERIAL NO.
09/623439
APPLICANTIS MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) FILING DATE CLAIMS APTER : APTER 2nd AMENDMENT as filed IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. DEP. (i) \bigcirc 18 -44. TOTAL TOTAL TOTAL DEP. TOTAL DEP. TOTAL CLAIMS TOTAL PTO-1360 (3-78) OMAY BE THE TOUR ADDITIONAL SEADES OF AMILIBRATION OF THE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE